FORM D



SEC

Washington, D.C. 20549

ION

OMB Number:

OMB APPROVAL

1288161

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Expires: May 31, 2005 Estimated average burden hours per response.....16.00

| SEC USE  | ONLY   |
|----------|--------|
| refix    | Serial |
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| DATE REC | EIVED  |
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|   | MAN .                                       |
|---|---|
| Name of Offering ( check if this is an amendment and name has changed, and indicate change.                           |   |
| Series A Preferred Stock  |   |
| Filing Under (Check box(es) that apply):   Rule 504  Rule 505  Rule 506  Section                                      | n 4(6) ULOE                                 |
| Type of Filing: New Filing Amendment  |   |
| A. BASIC IDENTIFICATION DATA  | All returns to the Af                       |
| 1. Enter the information requested about the issuer   |   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)                            | 4-6   |
| Evogy, Inc.   |   |
| Address of Executive Offices (Number and Street, City, State, Zip Co  | ode) Telephone Number (Including Area Code) |
| 780 Montague Expressway, Suite 305, San Jose, CA 95131  | (408) 383-9118                              |
| Address of Principal Business Operations (Number and Street, City, State, Zip C (if different from Executive Offices) | Telephone Number (Including Area Code)      |
| Brief Description of Business PROCE   | ESSED_                                      |
| Development of fuel cell technology   |   |
| Type of Business Organization APR 2   | 9 2005                                      |
| ▼ corporation   | ther (please specify):                      |
| business trust   limited partnership, to be formed   THOM   | SON   |
| Month Year FINAN  | CIAI # APR 2                                |
| Actual or Estimated Date of Incorporation or Organization:  1   | Estimated // 2005                           |
| CN for Canada; FN for other foreign jurisdiction)   | DE  |
| GENERAL INSTRUCTIONS  | 308e /                                      |

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| A A A THE SHEET                                   | Latina and 13        |                             | Carl Marif Sac Tr. 1975       | 1.0                 |  |
|---|----------------------|-----------------------------|-------------------------------|---------------------|--|
| American Company                                  |                      |                             | ENTIFICATION DATA             | 848 <sup>4</sup>    | <u>.</u>                                   |
| Enter the information re                          | •                    | •                           |                               |                     |  |
| • Each promoter of t                              | he issuer, if the is | suer has been organized     | within the past five years;   |                     |  |
| <ul> <li>Each beneficial ow</li> </ul>            | ner having the pow   | er to vote or dispose, or d | irect the vote or disposition | of, 10% or more o   | f a class of equity securities of the issu |
| <ul> <li>Each executive off</li> </ul>            | icer and director o  | f corporate issuers and o   | f corporate general and ma    | naging partners of  | partnership issuers; and                   |
| <ul> <li>Each general and r</li> </ul>            | nanaging partner o   | of partnership issuers.     |                               |                     |  |
| heck Box(es) that Apply:                          | <b>X</b> Promoter    | Beneficial Owner            | Executive Officer             | Director            | General and/or Managing Partner            |
| ull Name (Last name first, i<br>Matheny, Lawrence | f individual)        |                             |                               |                     |  |
| usiness or Residence Addre                        | ss (Number and       | Street, City, State, Zip C  | Code)                         |                     |  |
| 780 Montague Expre                                |                      |                             |                               |                     |  |
| heck Box(es) that Apply                           | Promoter             | Beneficial Owner            | Executive Officer             | X Director          | General and/or Managing Partner            |
| ull Name (Last name first, i                      | f individual)        |                             |                               |                     |  |
| Pham, Ai Quoc                                     |                      |                             |                               |                     |  |
| usiness or Residence Addre                        | ss (Number and       | Street, City, State, Zip C  | Code)                         |                     |  |
| 780 Montague Expre                                |                      |                             |                               |                     |  |
| Check Box(es) that Apply:                         | X Promoter           | X Beneficial Owner          | Executive Officer             | X Director          | General and/or Managing Partner            |
| ull Name (Last name first, i<br>Ha, Khanh         | f individual)        |                             |                               |                     |  |
| Business or Residence Addre                       | ss (Number and       | Street, City, State, Zin C  | Code)                         |                     |  |
| 780 Montague Expre                                |                      |                             | · ·                           |                     |  |
| Check Box(es) that Apply:                         | Promoter             | Beneficial Owner            | Executive Officer             | X Director          | General and/or                             |
| need ben(es) that reppi):                         | 1011101              | A Semetronia                |                               | <u> </u>            | Managing Partner                           |
| ull Name (Last name first, i                      | f individual)        |                             |                               |                     |  |
| Truong, Khanh                                     | i maividuas)         |                             |                               |                     |  |
| Business or Residence Addre                       | as Alumbar and       | Street, City, State, Zip C  | Toda)                         |                     |  |
| 780 Montague Expre                                |                      |                             | *                             |                     |  |
|   |                      |                             |                               |                     |  |
| heck Box(es) that Apply:                          | Promoter             | Beneficial Owner            | Executive Officer             | Director            | General and/or Managing Partner            |
| ull Name (Last name first, i                      |                      |                             |                               |                     |  |
| Emerald Capital Part                              | ners, LP             |                             |                               |                     |  |
| usiness or Residence Addre                        | ss (Number and       | Street, City, State, Zip C  | Code)                         |                     |  |
| 125 Broad Hollow Ro                               | ad, Suite 115        | , Melville, NY 117          | 47                            |                     |  |
| Check Box(es) that Apply:                         | Promoter             | ■ Beneficial Owner          | Executive Officer             | Director            | General and/or Managing Partner            |
| ull Name (Last name first, i<br>Armada Group USA, |                      |                             |                               |                     |  |
| dusiness or Residence Addre                       | ss (Number and       |                             | Code)                         |                     |  |
| heck Box(es) that Apply:                          | Promoter             | Beneficial Owner            | Executive Officer             | Director            | General and/or Managing Partner            |
| ull Name (Last name first, i                      | f individual)        |                             |                               |                     |  |
| MSIS Semiconducto                                 |                      |                             |                               |                     |  |
| usiness or Residence Addre                        |                      | Street City State 7:- C     | 'ode)                         |                     |  |
| 331 Whitney Place, F                              | remont, CA           | 94539                       |                               |                     |  |
| :   | (Use bla             | nk sheet, or copy and use   | additional copies of this s   | sheet, as necessary | r)   |

|   |                      |                             |                |                      | B. I                 | NFORMAT              | ION ABOU                                | T OFFERI                                | NG 🖁                 | 1.0                  | 4                    |                      |                      |
|---|----------------------|-----------------------------|----------------|----------------------|----------------------|----------------------|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.   |                      |                             |                |                      |                      |                      | Yes<br>X                                | No                                      |                      |                      |                      |                      |                      |
| 2.  | What is              | the minim                   | um investm     |                      |                      |                      |   | _                                       |                      |                      | •••••                | \$ <u>N/A</u>        | +1.015               |
| <ol> <li>What is the minimum investment that will be accepted from any individual?</li> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such</li> </ol> |                      |                             |                |                      |                      |                      | Yes 🗶                                   | No                                      |                      |                      |                      |                      |                      |
| Ful   |                      | r or dealer,<br>Last name f |                |                      | N/A                  | on for that          |   | leater only                             |                      |                      |                      |                      | <u></u>              |
| Bus   | siness or            | Residence .                 | Address (N     | umber and            | d Street, Ci         | ty, State, Z         | Lip Code)                               |   |                      | ,                    |                      |                      |                      |
| Nar   | ne of Ass            | sociated Bro                | oker or Dea    | ıler                 |                      |                      |   |   | <del> </del>         |                      |                      |                      |                      |
| <u>C+-4</u>   | 1. W/I-              | ich Person                  | Time d Ilan    | Callalad             | - u lusan da         | an Calinia i         | D1                                      | - <del>-</del> -                        |                      |                      |                      |                      |                      |
| Stat  |                      | "All States                 |                |                      |                      |                      |   |   |                      |                      | ·····                | ☐ All                | l States             |
|   | AL<br>IL<br>MT<br>RI | AK<br>IN<br>NE<br>SC        | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT                    | DE<br>MD<br>NC<br>VA                    | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |
| Ful.  | l Name (1            | Last name f                 | irst, if indi  | vidual)              |                      |                      |   |   |                      |                      |                      |                      |                      |
| Bus   | iness or             | Residence                   | Address (N     | lumber an            | d Street, C          | ity, State, 2        | Zip Code)                               |   |                      |                      |                      |                      |                      |
| Nar   | ne of Ass            | sociated Bro                | oker or Dea    | ıler                 |                      |                      |   |   |                      |                      |                      |                      |                      |
| Stat  | es in Wh             | ich Person                  | Listed Has     | Solicited            | or Intends           | to Solicit l         | Purchasers                              | · · · · - · · · · · · · · · · · · · · · |                      |                      |                      |                      |                      |
|   | (Check               | "All States"                | " or check     | individual           | States)              |                      | *************************************** |   | ••••                 |                      | •••••                |                      | States               |
|   | AL<br>IL<br>MT<br>RI | AK<br>IN<br>NE<br>SC        | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT                    | MD<br>NC<br>VA                          | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |
| Ful   | Name (I              | Last name f                 | irst, if indi  | vídual)              |                      |                      |   |   |                      |                      |                      |                      |                      |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                      |                             |                |                      |                      |                      |   |   |                      |                      |                      |                      |                      |
| Name of Associated Broker or Dealer   |                      |                             |                |                      |                      |                      |   |   |                      |                      |                      |                      |                      |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  |                      |                             |                |                      |                      |                      |   |   |                      |                      |                      |                      |                      |
| (Check "All States" or check individual States)   |                      |                             |                |                      |                      |                      |   | States                                  |                      |                      |                      |                      |                      |
|   | AL IL MT RI          | AK<br>IN<br>NE<br>SC        | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | LA<br>NM<br>UT       | CT<br>ME<br>NY<br>VT                    | MD<br>NC<br>VA                          | MA<br>ND<br>WA       | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |

# C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |                            |
|----|--|-----------------------------|----------------------------|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold     |
|    |  | <sub>\$</sub> 0.00          | <sub>\$</sub> 0.00         |
|    |  | °<br>600,000.00             | \$553,791.51               |
|    | Common 🙀 Preferred   | J                           | _ <u> </u>                 |
|    | Convertible Securities (including warrants)  | ç0.00                       | <sub>\$</sub> 0.00         |
|    | Partnership Interests  |                             | 50.00                      |
|    | Other (Specify)  |                             | \$0.00                     |
|    |  | \$600,000.00                | \$553,791.51               |
|    | 1000   | \$                          | 2000,101101                |
| _  | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |                            |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             | Aggregate<br>Dollar Amount |
|    |  | Investors                   | of Purchases               |
|    | Accredited Investors   | 4                           | \$ <u>503,791.51</u>       |
|    | Non-accredited Investors   | 1                           | \$50,000.00                |
|    | Total (for filings under Rule 504 only)  | 5                           | \$ <u>553,791.51</u>       |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |                            |
|    | N/A  | Type of                     | Dollar Amount              |
|    | Type of Offering   | Security                    | Sold                       |
|    | Rule 505   |                             | \$                         |
|    | Regulation A   |                             | \$                         |
|    | Rule 504   |                             | \$                         |
|    | Total  |                             | \$                         |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                            |
|    | Transfer Agent's Fees  |                             | ] \$                       |
|    | Printing and Engraving Costs   | Г                           | \$                         |
|    | Legal Fees   | <b>X</b>                    | \$ 35,000.00               |
|    | Accounting Fees  |                             | ] \$                       |
|    | Engineering Fees   |                             | ] \$                       |
|    | Sales Commissions (specify finders' fees separately)   | _                           | ) \$                       |
|    | Other Expenses (identify)  | _                           | ) \$                       |
|    | Total  | -                           | \$ 35,000.00               |

| _       | C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P   | ROCEEDS  |                           |
|---------|--|--|---------------------------|
| <u></u> | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."   |  | § <u>565,000.00</u>       |
| 5.      | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. |  |                           |
|         |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others     |
|         | Salaries and fees  |  | <u></u> \$                |
|         | Purchase of real estate  | ] \$   | <b>\$</b>                 |
|         | Purchase, rental or leasing and installation of machinery  | ¬ <b>s</b>   | <b>□</b> \$               |
|         | Construction or leasing of plant buildings and facilities  |  | _                         |
|         | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   |  |                           |
|         | Repayment of indebtedness  | §105,539.45  | ☐ \$ <sup>97,252.05</sup> |
|         | Working capital  |  |                           |
|         | Other (specify):   | \$   | <u></u> \$                |
|         |  | \$   | \$                        |
|         | Column Totals [  | §105,539.45  | × \$_459,460.55           |
|         | Total Payments Listed (column totals added)  |  | 5,000.00                  |
|         | D. FEDERAL SIGNATURE   |  |                           |
| sig     | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F   | sion, upon writte                                      |                           |
|         | ogy, Inc. Mule May May has   | April  | 19, 2005                  |
|         | me of Signer (Print or Type)  Wrence Matheny  Title of Signer (Print or Type)  Chief Executive Officer   |  |                           |

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)